

Best Available Copy

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO 420)						SERIAL NO. 10/814497 APPLICANT(S)		FILING DATE			
						CLAIMS					
AS FILED		AFTER IN AMENDMENT		AFTER IN AMENDMENT							
NO.	OFF.	NO.	OFF.	NO.	OFF.	NO.	OFF.	NO.	OFF.	NO.	OFF.
1		1				61					
2						62					
3						63					
4						64					
5						65					
6						66					
7						67					
8						68					
9						69					
10						70					
11						71					
12						72					
13						73					
14						74					
15						75					
16						76					
17						77					
18						78					
19						79					
20						80					
21						81					
22						82					
23						83					
24						84					
25						85					
26						86					
27						87					
28						88					
29						89					
30						90					
31						91					
32						92					
33						93					
34						94					
35						95					
36						96					
37						97					
38						98					
39						99					
40						100					
41											
42											
43											
44											
45											
46											
47											
48											
49											
50											
TOTAL NO.						TOTAL NO.					
TOTAL OFF.						TOTAL OFF.					
TOTAL						TOTAL					